

N.C. Department of Health and Human Services Office of Rural Health

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### **North Carolina Community Health Grants**

2019 Profile (Data from State Fiscal Year 2019 and current as of 6/30/2019)

# **Grant Facts**

\$14.6M

Grant funding appropriated from the General Assembly

141

Full-time equivalent health care professionals supported through grant funds

> 361,413 **Total Patients served**

1,171,957

Medically vulnerable patient encounters for Medicaid, Medicare, underinsured. and uninsured

\$39.22

Average annual contribution by ORH per patient

## **Performance** Measures



Patients with well-controlled diabetes, as evidenced by A1c levels < 9



68%

Patients with well-controlled hypertension, as evidenced by blood pressure levels < 140/90



**64%** 

Patients screened for obesity through **Body Mass Index** (BMI) testing



Patients screened for tobacco cessation and

treatment

Did You Know? That nearly 1.1 million North Carolinians were considered uninsured in 2018 (Current Population Survey, US Census **Bureau).** The Community Health Grant (CHG) funds, by statute, supports safety net organizations such as federally qualified health centers, state-designated rural health centers, free and charitable clinics, public health departments, school-based health centers, and other non-profits that provide care to underserved populations throughout the State. Grant funds may be used for both capital improvements and direct patient care. For FY 2019, the program served 156,120 uninsured patients which represented 43% of the total patients served.

#### **Importance and Improvements**

Continued support and recurring funding for the CHG program have strengthened North Carolina's health care safety net infrastructure to ensure that all of the State's medically vulnerable residents (Uninsured, Underinsured, Medicare and Medicaid) have access to affordable and appropriate high quality primary care. Support for the program led to a 37% increase in patient encounters, totaling more than 1,171,957 patient visits. The program was able to increase by 17% the total number of patients served, totaling 361.413.

## **Purpose of Grant Funding is Fourfold:**

To increase access to preventive and primary care servicés for medically vulnerable patients in existing or new primary care locations

To establish primary care safetý net services in counties where no such services exist

To create new services or augment existing primary care and preventive medical services provided

To increase the capacity necessary to serve lowincome patients by enhancing or replacing facilities, equipment, or technologies

#### Return On Investment and Economic Impact Source: IMPLAN

**CHG Expenditures** \$13,853,754

Generates

**215** 

additional jobs

from the economic

impact

Created Economic Impact \$13,427,613

\$1,055,595

Generated in state and local taxes which

goes back into

state economy

the local and

**Total Impact** 

\$27,281,367

\$12,153,753

In employee compensation impacted by the grants

Each CHG grant dollar has a total economic impact

\$1.97



\*Economic impact is estimated to be much greater because improved health outcomes can lead to fewer missed work days, reduced health care costs, and reduced premature morbidity and mortality. Some expenses such as out of state purchases, overhead, and rollover payments are not captured for ROI and economic impact.





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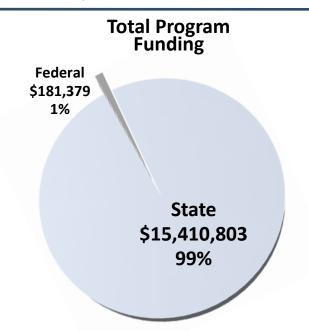
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Program Reach

114
98
Grantees Funded
Total Counties Covered
Rural Counties Covered

